

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8	1	1	1	1			58				
9		1		1			59				
10		2		1			60				
11		1		1			61				
12							62				
13							63				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2		1		TOTAL IND.	1		1	
TOTAL DEP.	9		9		1		TOTAL DEP.	1		1	
TOTAL CLAIMS	10		11		2		TOTAL CLAIMS	2		2	